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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/714,261
		Filing Date	November 14, 2003
		First Named Inventor	Marco CAVALERI
		Art Unit	1623
		Examiner Name	E. Peselev
Total Number of Pages in This Submission	4	Attorney Docket Number	342312004300

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (in triplicate) - 3 pages
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Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MORRISON & FOERSTER LLP (Customer No. 25226) Jill A. Jacobson - 40,030
Signature	
Date	October 7, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: October 7, 2004

Signature: (Thao T. Pham)



PTO/SB/83 (09-03)
Approved for use through 11/30/2005. OMB 0651-0035
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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/714,261
	Filing Date	November 14, 2003
	First Named Inventor	Marco CAVALERI
	Art Unit	1623
	Examiner Name	E. Peselev
	Attorney Docket Number	342312004300

Commissioner for Patents
To: P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the attorneys/agents of record.
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
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NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

This request is being made at the request of Vicuron Pharmaceuticals, Inc.

CORRESPONDENCE ADDRESS

1. The correspondence address is NOT affected by this withdrawal.
2. Change the correspondence address and direct all future correspondence to:

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Firm or Individual Name: John Kappos (O'Melveny & Myers, LLP)

Address	114 Pacifica, Suite 100			
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Country				
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Name	Jill A. Jacobson			
Signature	<i>Jill A. Jacobson</i>	Registration No.	40,030	
Date	October 7, 2004	Telephone No.	(650) 813-5876	

Note: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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Signature:  (Thao T. Pham)